

Application for a shortfall permit Grain Financial Protection Program

Applicant contact information								
Name of applican	t		Telephone number		Fax number			
Mailing address						Postal Code		
Elevator operator licence number						Date		
Location of elevator								
Lot	Concessi	on	Township		County			
Requested start and end date for shortfall permit								
Start date				End date				
Quantity								
Tonnes Value (per tonne) Total value (\$				ue (tonnes x value per tonne)				
Reason for shortfall permit request								
Please explain why you would like a shortfall permit								
\$150 Application fee required								
Amount enclosed Name			e of authorized representative			Signature		
Decision (Agricorp use only)								
Application approved			Chief Inspector			Date		
Application denied Approved security received (Agricorp use only)								
						number	Date	
Start date of permit			End date of permit			Date inspection report received		

Personal information on program forms is collected under the authority of the *Grains Act*. The information will be used to determine eligibility for a licence as a dealer in grain. Questions about this collection should be directed to: Chief Inspector, Agricorp, PO Box 3660, Station Central, Guelph, ON N1H 8M4, 1-888-247-4999 Fax (519) 826-3367.